

### RECORD OF COMMANDER'S REVIEW ACTION

### TRAINING UNIT LOCATION

PERMANENT BASE OF STUDENT (If in TDY status)

## SECTION I. INITIATING AUTHORITY

I recommend \_\_\_\_\_ of class \_\_\_\_\_ for  
(Grade, Name & SSN) (Class number)

elimination from training for the following reason(s):

DATE

NAME, GRADE, AND POSITION TITLE
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SIGNATURE

## SECTION II. STUDENT STATEMENT

I have received notification of my entry into the commander's review process.

DATE

NAME AND GRADE

SIGNATURE

### SECTION III. REVIEWING AUTHORITY RECOMMENDATIONS

FINDING: The student's ☐ was ☐ was not sufficient for elimination.

RECOMMENDATION: The student should

☐ BE RETAINED    ☐ BE DISENROLLED FROM TRAINING.

☐ BE ☐ NOT BE CONSIDERED FOR REINSTATEMENT IN THIS COURSE AT A LATER DATE.

☐ BE ☐ NOT BE CONSIDERED FOR UNDERGRADUATE NAVIGATOR TRAINING OR UNDERGRADUATE AIR BATTLE MANAGER TRAINING.

REMARKS:

DATE

[illegible]

SIGNATURE
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SECTION IV. APPROVING AUTHORITY

☐

ELIMINATE

☐

REINSTATE

REMARKS

DATE

NAME, GRADE, AND POSITION TITLE

SIGNATURE

SECTION V. ADDITIONAL INFORMATION

Commission Source		Flying History	Checkride Results	
USAFA	_____	T-37 Hours _____		
OTS	_____	T-38 Hours _____		
ANG	_____	T-1 Hours _____		
	OTHER _____	H-1 Hours _____		
	(Specify)			
Academic Average:	_____			